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CONFIRMATION NO. 6184

Bib Data Sheet

SERIAL NUMBER 10/665,094	FILING OR 371(c) DATE 09/17/2003 RULE	CLASS 029	GROUP ART UNIT 3726	ATTORNEY DOCKET NO. JK01463E
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/411,563 09/18/2002 and claims benefit of 60/471,641 05/19/2003

Yes

**** FOREIGN APPLICATIONS *******

No

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/09/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>JW</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TN	5	56	6

ADDRESS

28268

TITLE

Nail spacing verification assembly

FILING FEE RECEIVED 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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